

**EMSL Analytical, Inc.**

EMSL Analytical, Inc. Federal Tax ID 22-2357101

200 Route 130 North, Cinnaminson, NJ 08077
(800) 220-3675

INVOICE NO.	PAGE
28016768	1 of 1
INVOICE DATE	
11/9/2012	

BILL
TO

Attn: Douglas Horn
195 Parker Road
Lockwood, NY 14859
US

REPORT
TO

Attn: Douglas Horn
195 Parker Road
Lockwood, NY 14859
US

SLSM.	SHIP VIA	TERMS		BILLING FREQUENCY		CUST. NO.	
pfrasca	US MAIL	Cash on Delivery		With Report		MISC-ACCT	
DATE	ORDER NO.	QTY	TEST CODE	TEST DESCRIPTION	UNIT	UNIT PRICE	AMOUNT
10/29/2012	281201415 P.O: CC auth 011013	1	IH-Special Project	Analysis as described in order. 1 Week Project: Dixie X THC	EA	180.00	180.00
						SUB TOTAL	180.00
						INVOICE TOTAL	\$180.00

Please review your invoice promptly. We will gladly correct any errors within 30 days of the invoice date. After that, we deem the invoice to be correct and reserve the right not to issue credits, in whole or part. A 1.5% finance charge will be added to invoices over 30 days.

Billing Inquiries - please call 1-800-220-3675

Please detach and return with payment

11/9/2012 CUST # MISC-ACCT INV # 28016768 \$180.00
DEPT: 28

Please Remit to: EMSL ANALYTICAL, INC.
200 Route 130 North
Cinnaminson, NJ 08077

Billing Inquiries - please call 1-800-220-3675

Payment in US Funds Only.

**EMSL Analytical, Inc.**

200 Route 130 North, Cinnaminson, NJ 08077

Order ID: 281201415

Attn: Douglas Horn
 195 Parker Road
 Lockwood, NY 14859
 Phone: (607) 343-1010
 Project: Dixie X THC
 Report Date: 11/5/12

Customer ID: MISC-ACCT
 Customer PO:
 Date Received: 10/29/12
 EMSL Order: 281201415
 EMSL Project ID:
 Date Analyzed: 10/31-11/2/12

Analysis for THC content in bulk sample by LC/MS/MS

Sample ID	Identification	Reporting Limit (ug/g)	Sample Amount (ug/g)
281201415-0001	1	1.0	170

Notes:

1. Sample was received in acceptable condition unless otherwise noted.
2. This result relates only to the sample tested.
3. Sample is not blank corrected, unless otherwise noted.

AN/SV
 Analyst

Scott VanEtten CIH- Lab Manager
 Or other approved signatory

Sampled By (Signature):

Number of Samples in Shipment:

Date of Shipment:

U.S. State where Samples Collected:

Purchase Order:

Project Name: D1X1E X

Media Type:

Manufacturer/Part #:

Lot #:

Comments

[illegible]

Note: Most NIOSH and OSHA methods require field blanks. It is the IH field sampler's responsibility to submit the proper number of field blanks and duplicates.

Date _____

10/24/12

Comments:

TEST FOR THE \$180 PLEASE call for CREDIT CARD 607 343-1010 CELL